

CLAIMS ONLY							Application Number <span style="font-size: 1.5em; font-family: cursive;">10/620728</span>		Filing Date			
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
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38							88					
39							89					
40							90					
41							91					
42							92					
4												

Filing Date

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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4						
5	1					
6		1				
7						
8		1				
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31						
32						
33						
34						
35						
36		1				
37		1				
38		1				
39		1				
40						
41		1				
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	1					
Total Depend	8					
Total Claims	9					